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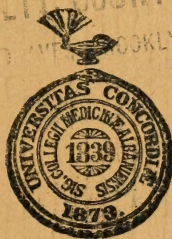
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Journal of the Alumni Association of the
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ALBANY MEDICAL ANNALS

Journal of the Alumni Association of the Albany Medical College

EDITED BY

J. MONTGOMERY MOSHER, M. D.

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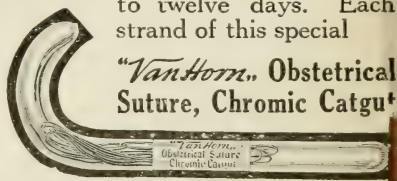
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ALBANY MEDICAL ANNALS

Original Communications

PHYSICAL AND MENTAL CONDITION OF DELIN- QUENT BOYS.

*Read before the Capitol District Conference of Charities and Correction,
Albany, N. Y., April 2, 1919.*

By CLINTON P. McCORD, M. D.,

Health Director, Board of Education, Albany; Consulting Psychiatrist, Berkshire
Industrial Farm at Canaan, N. Y.

For the last few years organizations like this Conference have carried on their programs topics similar to those that are up for discussion this evening. Usually the discussions have been lengthy, sometimes bitter, and they have been presented to listeners who, as far as fundamental principles are involved, did not need to be convinced. Seldom were there present at such meetings any considerable number of judges, lawyers, doctors and state and municipal officials—the very people whose understanding and cooperation would have made practicable the application of the truths developed. The trouble is that the people who are present at these meetings do not require conversion upon ninety per cent of the platform while the people who are “holding up the procession” are not here and have not heard the truth as it has been presented, this evening, for example. The motto, that “public health is purchasable” applies equally well to the question of individual efficiency and social harmony. When a philosophy similar to that which projects preventive medicine is seen to hold in preventive criminalistics then will we see a drop in the curve of crime and delinquency similar to the drop in the

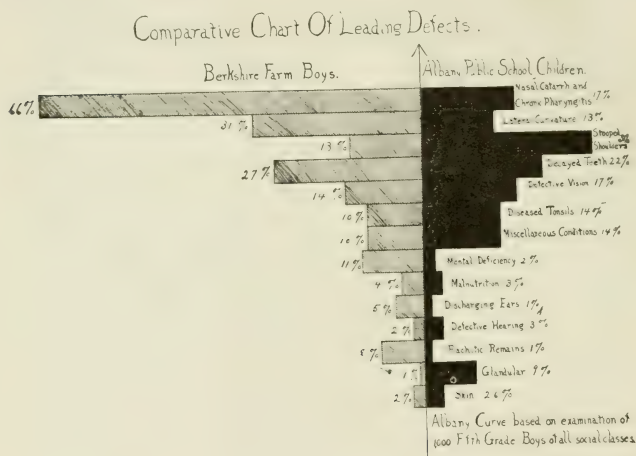
curve of preventible disease plotted on the books of all well equipped state and municipal health departments. In spite of all the machinery of police systems, courts and reformatory and penal institutions the incidence of crime and delinquency remains static. It is not necessary to tell you workers that this indicates that the forces thus far focused upon these conditions have been curative and not preventive in character, and that the roots of the trouble will continue to nourish and feed these socially and economically undesirable weeds as long as society contents itself with simply clipping off some of the unsightly blossoms. There are many sides to this question of prevention of delinquency that suggest themselves to you. A portion of such a program surely involves a discontinuance of certain obviously extravagant, unproductive and foolish supposedly remedial methods, and the renouncing of unproductive procedures—"cures" that have not cured, reformatory methods that have not "reformed." When a man serves his fifth sentence or his fourth or his third or his second for a crime of a certain character; or, when a juvenile delinquent has repeatedly been an object of concern on the part of a community, the least that can be expected is that someone should question the value of the methods available for handling the case. The physician who without a diagnosis continued to administer exclusively a single remedy day after day with the result that the patient grew gradually worse would be open to severe criticism. Yet, this is exactly the complexion of our methods in dealing with delinquency and crime. Out of one hundred superintendents of reformatories who five years ago were asked what definite scheme they had for the reformation of their juvenile charges, a scheme scientifically developed and specifically applicable to the individual case, ninety-nine acknowledged that they had no definite plan. What I have said in the last few minutes is in no sense a reflection on the interest, earnestness, and high ideals of the persons engaged in court, probation or reformatory work; it simply means that such interest, earnestness, and idealism have been expended along blind-alley lines. The day is passing when the conscience of any person responsible for the disposition or treatment of a delinquent will be satisfied to deal with such a case except in accord with a full knowledge of the

facts relating to the physical, mental, and environmental status of the case. Then cases for probation will be scientifically selected; so-called reformatories will be free from the feeble-minded; the real indeterminate sentence will be a fact and the proper educational, social, recreational and vocational organization of our reform institutions will be accomplished. The Berkshire Industrial Farm at Canaan for over a year has maintained by virtue of an unusual superintendent and an enlightened Board of Managers what we feel is a fundamental feature of such an institution in the light of what we have said in the foregoing paragraphs, namely complete physical, neurological and mental examinations of all boys sent there from various sections of the country. We believe that such examination of the cases committed to a reformatory is as *imperative* a feature of the institution as is *food* and *shelter* for the children. We believe that when the economic and educational principles involved in this statement are fully recognized, the misdirection and waste of philanthropic monies put into reclamation work will be evident. In that day, before a cent of public money or private money goes into work with delinquents we shall demand to know whether there is some possibility of the results being commensurate with the cost; and the answer to this question can be given only in terms of scientific examination, prognosis and recommendation upon the individual case to whom our reformatory program is to be applied. At Berkshire the wisdom of such provision has been demonstrated to a degree from the dollars and cents standpoint even in the brief time the plan has been in operation. As yet it is too early and the details of the program for certain reasons have not been far enough advanced to appreciate the finer rewards along the educational line and in the field of mental adjustments and reformation of personality. I trust it will be interesting, however, to give you a brief statement upon the subject assigned to me, "Physical and Mental Condition of Delinquent Boys," in this particular institution.

COMPARATIVE CHART OF LEADING PHYSICAL DEFECTS.

The foregoing chart represents physical examinations of the initial hundred cases at Berkshire Farm compared with the results

of examination of one thousand Albany school children of about the same age and of all social classes. It will be noted that abnormal conditions of the nose and throat are roughly four times as common amongst the delinquent boys. Some of the factors functioning in this instance are quite evident to us. Orthopedic conditions of the spinal column are about balanced. Decayed teeth are a trifle more prevalent amongst the delinquents in spite of the fact that many of them have had institutional supervision for some time. Defective vision is less prevalent amongst the delinquents as are also diseased tonsils and various miscellaneous



and minor physical defects. Malnutrition is twenty-five per cent more common amongst the delinquents, but the condition usually persists for only a few months following admission to the regular life and habits and fresh air of the institution. The evidences of early rickets exists eight times more frequently amongst the delinquent boys. Discharging ears are five times more common amongst the delinquent boys which fact correlates naturally with the greater prevalence of nasal catarrh and chronic pharyngitis amongst the institution children. The item of greatest signifi-

cance is the relative incidence of mental deficiency, this condition being five and one-half times more common amongst delinquents; and if the border-line cases are considered, then the delinquent group presents twenty-three times as many cases as does the unselected public school group.

REMEDIAL PHYSICAL DEFECTS AMONGST BERKSHIRE CASES.

It is only in line with good hygiene and humane policy that the physical condition of the child must be considered before any line of training is pursued. Malnourished children, children with decayed teeth, defective vision, nasal obstruction, etc., have, as a result of research, fallen into the class of cases that represent a heavy expense to a school system when these defects are permitted to persist. In school hygiene the fact has been definitely accepted that it is actually cheaper to treat the teeth of children, to feed the malnourished, etc., than it is to permit these conditions to persist and to assist in bringing about retardation and repetition of grades. It is doubly imperative that we correct such conditions as a part of our program in the treatment of delinquents. Let us glance hastily at the remedial physical defects exhibited in the group of Berkshire boys:

Diseased tonsils—10 per cent.

Nasal obstruction—1 per cent.

Defective vision—14 per cent.

Decayed teeth—27 per cent.

Discharging ears—5 per cent.

Malnutrition (all recent admissions)—4 per cent.

Hernia—2 per cent.

Varicocele—3 per cent.

Tongue-tie—1 per cent.

Nasal catarrh, chronic pharyngitis or both—66 per cent.

Orthopedic conditions, including flat foot (12 per cent)—57 per cent.

Impacted ear-wax—21 per cent.

Circumcision indicated from the standpoint of personal hygiene—47 per cent.

Circumcision indicated from the standpoint of reflex irritation—17 per cent.

OTHER CONDITIONS AMONGST DELINQUENT CASES.

Speech defects—3 per cent.

Malocclusion of teeth—15 per cent.

Club foot—1 per cent.

Double inguinal hernia (operated)—1 per cent.

Hypo-spadias (operated)—1 per cent.

Cardiac murmur (functional in nature)—2 per cent.

Cardiac arrhythmia (functional)—10 per cent.

Poor vaso-motor tone (including a marked case of dermographism)—27 per cent.

Disorders of smell (poor discrimination; dull sensibility; finer recognition lacking)—10 per cent.

Disorders of taste (finer discrimination lacking; failure to recognize and appreciate higher dilutions of salt, sweet, sour, and bitter—54 per cent.

Defective color vision (red-green blindness)—3 per cent.

Not vaccinated against small-pox—12 per cent.

The Wassermann reaction on the basis of the first hundred cases was negative in 98 per cent and a reaction of no significance was obtained in 2 per cent.

The above findings are of interest from an administrative standpoint, since they outline the physical problems that call first for consideration in the application of reformatory methods. The elimination of physical handicaps as far as practicable before an extensive or earnest program of reform is applied is only simple economy.

PUBERTAL DEVELOPMENT OF DELINQUENT BOYS.

Pre-pubescence—60 per cent.

Pubescence—20 per cent.

Post-pubescence—20 per cent.

Sexual acceleration—23 per cent.

Sexual retardation—51 per cent.

While individual study reveals a few cases of premature and superdevelopment along sex lines the tendency seems to be toward *retarded* sex development.

SEX HISTORY:

Onanism:

Solitary—81.

Mutual—10.

No evidence—9.

In the case of the younger boys the act consisted in abortive attempts, but in 36 per cent masturbation with orgasm was regularly practiced.

Aberration:

Sodomy—3 per cent.

Other perversions—1 per cent.

The question of physical retardation and acceleration presented itself as follows:

Percentage physically accelerated:

1 year—14 per cent.

2 years—3 per cent.

3 or more years—2 per cent.

Percentage physically retarded:

1 year—15 per cent.

2 years—18 per cent.

3 or more years—2 per cent.

Anthropometric curves were plotted on the basis of Dr. Smedley's tables and included height standing and sitting, weight, dynamometer records, right and left, and vital capacity.

MENTAL CONDITION.

General classification according to intelligence (100 initial cases):

Superior intelligence—2 per cent.

Average intelligence—31 per cent.

Dull normal intelligence—21 per cent.

Border line deficiency—35 per cent.

Feeble-minded (all of moron grade)—11 per cent.

Classification according to types and personalities:

Feeble-minded (stable type)—3 per cent.

Psychopathic feeble-minded—8 per cent.

- Epileptoid constitution—6 per cent.
- Psychopathic (unclassified)—28 per cent.
- Adolescent instability—27 per cent.
- Aberrational (questionable)—2 per cent.
- Mixed types—26 per cent.

Such an attempt at classification by types has its evident defects and is, in the main, of questionable import.

SPECIAL PSYCHOLOGICAL ITEMS IN REFERENCE TO THE FORE-GOING CASES.

- With poor auditory memory—34 per cent.
- With poor visual memory—25 per cent.
- With poor power of memory and recall—26 per cent.
- With tendency to uncontrolled behavior—45 per cent.

On the basis of fifty additional cases admitted to the institution during the last year we find no reason to alter greatly our opinions on the findings on the initial 100 cases. The percentage of cases of diseased tonsils, nasal obstruction and defective vision and discharging ears has been raised somewhat above that obtained for the initial 100 cases, and we have had a case of epilepsy, one of congenital syphilis, one of tuberculosis of the hip-joint and one case suspicious of pulmonary tuberculosis. Embryological defects such as hypospadias and hernia also occurred. There is an increase in the number of feeble-minded children and children of superior intelligence admitted to the institution in the additional group of 50 cases.

Facts of general sociologic and eugenical significance in the consideration of cases were gathered, and included significant information in reference to disrupted home, drunkenness, drug addiction, illegitimacy, insanity, invalidism, sex perversion, prison and reformatory records, epilepsy and feeble-mindedness; but the consideration of these matters in relation to the cases does not fall under a brief statement such as I wish to make upon the subject assigned. We plan to report upon these cases under the following heads:

Bulletin 1, which places in the hands of the Superintendent lists of boys that suffer from remedial physical defects and carries suggestions in reference to their correction.

Bulletin 2, which sets forth a classification of the boys from the standpoint of intelligence.

Bulletin A, which is a statistical summary of the results of the physical and neurological examinations, outlining the physical problems that call first for consideration in the application of reformatory methods.

Bulletin B, which is a statistical summary of the results of intelligence tests; along with Bulletin A it comprises a brief synopsis of the Berkshire survey and should be of informative value to the managers of the Farm and to the various agencies that commit cases to the Farm.

Bulletin 3, requiring a more extended analysis of the mental examination plus the application of additional psychological tests, which when complete for each case will constitute helpful aids to officers and teachers in the proper training and management of the individual boy.

GENERAL SUMMARY.

Let us face what we have at this particular institution:

At least 12 per cent of the boys are feeble-minded; 10 per cent follow perverted sex practices; 16 per cent have defective vision; 51 per cent suffer from sexual retardation; 35 per cent are physically retarded. There are 66 per cent psychopathic, epileptoid constitution, aberrational, etc.

Abnormal nose and throat conditions, secondary middle ear infection, decayed teeth, are more common amongst delinquents. Defective vision is less common. Embryological defects and stigmata of degeneration are more common amongst delinquents. From five and one-half to twenty times more delinquent children are feeble-minded than public school children of the same age.

Reform institutions should exist roughly for three purposes:

1. To restore the erring one to a life of usefulness.
2. To secure permanent disposition of the cases and to add to the sum total of human progress.
3. To be laboratories for the study of errors of conduct so that society may profit.

Courts unprovided with psychiatrists and hampered from lack of proper institutional facilities and committing laws will continue

to send feeble-minded children to reform schools for some time to come; but one of the best ways to open the eyes of law makers and committing agencies to this fact is by the reform schools recognizing these cases and refusing to complicate their administration by keeping them and attempting the impossible in correctional treatment. The truth should be faced and we should know what manner of boys have been sent to our reformatories. Our recommendations in reference to a number of older feeble-minded boys bring us face to face with the need of definite supervision and special training for such cases outside existing state institutions. The need of provision for placement and supervision of the high-grade defective, whether he be a delinquent or a potential delinquent is a pressing one. As Dr. Victor Anderson in the recent report to the New York State Commission of Prisons on mental disease and delinquency pointedly says: "The existence of mental disease and various mental defects in a fairly large proportion of the inmates of prisons and reformatories makes clear how futile it is to merely go on blindly administering the law instead of endeavoring to solve the problems these individuals present. A similar situation in treating disease would consist in sending all sick persons to hospitals to be given the same treatment, fixing in advance the length of time they were to remain and then sending them out without any reference to whether they were well or not. The mere knowledge of the existence of these conditions is not enough; such knowledge should be made the basis for treatment. Constructive efforts should be made to rehabilitate these persons in the light of the needs of each individual person; not only of his disabilities but of his capabilities and his adaptabilities." It is needless for me to quote the percentage of the various abnormal physical and mental conditions amongst delinquents tabulated by various investigators; they all tell practically the same story. Our little contribution agrees in the main with the others, with added conclusions to which I have specially referred.

In closing let us state that many needs are suggested by the results of complete examination of the delinquent boys in this institution. The chief arguments for such routine procedure as a

definite feature of the program of any reform institution might briefly be indicated as follows:

1. Through such examination the institution is protected from the expense, waste of time and energy of attempting to handle as a reform case a boy who because of syphilis, gonorrhea, tuberculosis or other serious diseases may be an expensive and unproductive case upon which to expend the program of the institution; or who because of feeble-mindedness or epilepsy is classed from the start as an improper case for reform treatment and is later discharged into society. From eleven to at least twenty per cent of the boys now sent to the Berkshire Farm fall into these classes.

2. Such examination reveals the boys who are suitable subjects for a real reform program, and the analysis of the cases individually should result in definite recommendations of great value in measuring justice to the boy at the Farm in terms of school training, emotional appeal, disciplinary attitude, etc., and in helping the institution to individualize the boy and to get the best results in terms of improvement in conduct and development of character for the money and energy expended. This applies perhaps to from sixty to eighty-eight per cent of the boys at Berkshire.

3. The provision for such examination on the part of an institution is an evidence of the scientific attitude toward the children entrusted to its care in contrast to the old, sentimental, guess-work which frequently resulted in waste of money and effort and injustice to the child. The provision naturally answers an increasing demand on the part of committing agencies for a proper individualization of their charges; it assures these agencies that the findings of scientific research are being utilized for the benefit of the cases that they have placed in the institution, and that the institutional authorities are not "working in the dark" in reference to the daily needs of these delinquent boys.

4. Provision for such examination is a piece of constructive, social and humanitarian work the value of which cannot appear fully except after a period of several years. Scientific study of delinquents in institutions should result in a contribution to the knowledge in this field which should mean a large saving in

money and energy for the institutions of this type, and which may well result in a worth-while modification of our reformatory methods and in a development of a program that, shorn of haphazard methods, trial and error procedures and blind following of custom, will secure a maximum of results because it will be based upon scientific *truth*—a program that will insist upon a diagnosis before it wastes time, energy and money upon treatment. Honor and gratitude await the philanthropic men and women interested in the subject of delinquency who are first to insist that money spent in reform work is misspent when directed toward doing the impossible when known methods of determining the possibilities of a given line of procedure have not first been employed. Such persons today are going to insist that before we put money into a program to be applied to a group of delinquents we must know, so far as science can tell, what kind of material we have to work upon; if mental defect or disease renders certain individuals unable to profit from such a program then it is foolish to waste it upon them; and if others are able to profit then it is desirable that the best method of application shall be selected for each individual; these facts can be determined only by comprehensive study of the individual, and this line of activity should be the first to be insisted upon in any scheme or expenditure along reform lines.

ILLUSTRATIVE REFORMATORY CASES.

Case 128:

Physical and Neurological Condition: This boy has what is probably an early tuberculosis of the left hip joint. He has a left ruptured ear drum with defective hearing and a discharge of puss; he also suffers from nasal catarrh and a lateral curvature of the spine. He has slight disturbance of the sense of taste. Circumcision is indicated. Masturbation with orgasm has been established and he has the sex development of a boy older than—that is, he is sexually accelerated about two years. His tonsils are diseased and the left cervical lymph nodes are enlarged. He has eczema of the face.

Wassermann Reaction: Negative.

Psychological: He ranks as a case of borderline deficiency very close to the feeble-minded group if not actually within it. His auditory memory is poor and he has little power to plan or to appreciate the point to a situation. He is very discouraging material from the school standpoint.

He shows marked tendency to uncontrolled behavior (running away, etc).

Developmental Data: He was in the New York Juvenile Asylum for nearly two years for "incurability," the parents having made the complaint. He wanted to go to work and was truant from school and the Court sent him to the Farm. He is an only child. The father is in the Navy.

Summary: Tuberculosis of hip joint; defective hearing and discharging ear; lateral curvature of spine; nasal catarrh; borderline intelligence; tendency to uncontrolled behavior; masturbation with sexual acceleration.

Prognosis: Because of his tuberculosis hip he would naturally become a case for hospital care, and with the necessary appliances would be rendered a semi-invalid for a period of perhaps two years. During this time he would not be in a physical condition to profit from the life and activity of the Farm, and he is therefore, in my judgment, not a suitable case for the Farm to attempt to handle. From the mental side he is also a discouraging case for reform work.

Recommendations: He should be placed in a large institution which has facilities for classified hospital care.

Case 92: This boy has only light sense in his right eye and one-half vision in the left eye. He has a decayed six-year molar tooth, and circumcision is indicated. In the special sense field he is lacking in the finer discriminations of taste. His physical development is normal for his age. He masturbates regularly. He has no ability to plan and has but little auto-criticism. He has poor visual memory and deficient auditory memory and cannot be taught by precept. In the language field he has the development of an eight-year-old child in spite of his sixteen years. He has poor power of concentration and is irresponsible when confronted with an emergency or a new set of conditions. He cannot manage himself with prudence except under careful supervision. He will never be able to benefit by ordinary school work beyond an inferior level and will be slow to profit by experience. He is permanently arrested mentally at about the ten-year level of intelligence; and because of his unstable nervous reactions he should have custodial care with suitable manual work. At large in society he will only add to the burden of poverty, disease and crime.

Case 89: This boy is a case of borderline deficiency with psychopathic tendencies. Physically he has stooped shoulders and suffers from eye-strain. He should be circumcised. Although he is underdeveloped sexually he masturbates daily and suffers considerably as a result from nervous irritability.

He has defective color vision (red-green blindness) which must be taken into consideration in his school work. His auditory memory is poor and he is limited in his ability to plan. He lacks power of abstrac-

tion and school work should be approached in a concrete fashion, emphasizing visual memory in which line he is fairly good. He will not profit to any degree from experience and will probably repeat his mistakes frequently. He lacks the power to make adjustments from day to day with changing conditions and companionship, and should be closely watched and studied during the next year or two for the first signs of adolescent insanity, attempting, however, in the meantime, to bring him into a healthy relationship with his associates, and letting him feel the stimulus of adult personal interest and confidence. Facts of related social significance: A feeble-minded great-uncle and a feeble-minded sister; disrupted home life. The boy should remain at the Farm and be studied further.

Case 132:

Physical and Neurological Condition: This boy suffers from a very bad visual defect and marked nervous instability. He is underdeveloped physically and has decayed teeth and nasal obstruction. He has a left ear that may discharge in winter weather. He is physically retarded more than two years.

Wassermann Reaction: Positive (four plus).

Psychological: He is a case of borderline deficiency. He is very unstable nervously and lacks the ability to stick at a task. He lacks ability to attend to a given set of instructions and will attempt to execute upon a vague impression and not because he has heard and understood instruction. He had but little power to plan and cannot reason from cause to effect. His visual as well as his auditory memory is poor and his power in the language field is very limited. He jumps at first conclusions on the strength of some one striking feature of a subject, and has little power of self-criticism. He does not examine any proposition in a critical fashion but reacts to primitive instincts. He has a marked overflow of nerve energy with weak attention but an engaging manner, superficial in type. He can best be reached through the sensorial side and an appeal to his own selfish instincts. Not much can be expected from him along abstract lines, nor is he open to the usual appeals to the sentiments to any degree worth while.

Summary: Defective vision; decayed teeth; nasal obstruction; discharging ear; borderline deficiency; nervous instability; syphilis.

Prognosis: Bad. Because of his syphilis and his low intelligence he is not a fit case for the Farm to expend its energies upon.

Recommendations: Because of the expense and the difficulties incident to the proper treatment of his syphilis it would be inadvisable to retain this boy at the Farm. Not much can be expected from him in the matter of educational or reforming treatment. He will probably be best disposed of in an institution for the psychopathic feeble-minded.

On the other hand, other cases could be given where the examinations revealed that the case was one exactly suited to the life of the Farm, and where certain capabilities and disabilities could be indicated with recommendations for the proper handling of the boy.

Examinations have shown that the Farm has many boys who are of such mental and nervous constitution that they cannot with justice be released from the institution until they are eighteen or more years of age and have passed beyond certain adolescent disturbances. This means that these boys, most of whom are motor-minded and will find their life work in some of the trades, should receive at the Farm during this extended stay adequate vocational and industrial training; such training is not at present offered at the Farm.

This necessitates a broadening and enriching of the program, including development along industrial lines and the beginnings at least of the trades if not considerable portions of them. This would constitute real vocational guidance with a chance to select and serve a part apprenticeship with credit such as is given in many of our city vocational schools. As a supplement to this there should be a "follow-up" bureau to secure transfers direct to the jobs, so that the boy is not dependent upon the weak moral and economic support of the home people after leaving the institution, which support has shown itself so entirely inadequate and unfit to guide and control and help the boy in the past. This "follow-up" bureau might also handle the "field work" so necessary in connection with the cases at the Farm from the standpoint of a full diagnosis in the individual case. Such a field worker could look up family histories and secure first-hand information about the boy's home conditions, social and neighborhood environment, heredity and history of delinquency previous to his coming to the Farm. These facts would help greatly in a scientific study of the kind of material that the Farm is being asked by the courts and various social agencies to deal with. This bureau could also "follow-up" the cases after they were placed in jobs and secure true and valuable post-institutional histories thus helping to measure truthfully the results of the activities of the Farm in terms of boys restored to useful and worthy lines of endeavor.

Correspondence**THE ALBANY HOSPITAL AND MEDICAL COLLEGE.
BASE HOSPITAL UNIT, No. 33.****J. TOWNSEND LANSING**
*President***HAROLD C. GOODWIN, M. D.**
*Superintendent***ALBANY HOSPITAL.**

Founded 1849

ALBANY, N. Y., March 25, 1919.

DEAR DR. MOSHER:

The accompanying letters, relating to the character of the work done by our base hospital unit, and the official commendation of its efficiency, complete a very satisfactory record of our enterprise. I suggest that they be published in the **ALBANY MEDICAL ANNALS**.

Sincerely yours,

J. TOWNSEND LANSING.

U. S. ARMY BASE HOSPITAL, No. 33,

PORTSMOUTH BOROUGH ASYLUM.

PORTSMOUTH, ENG., Feb. 4, 1919.

*Edmund N. Huyck, Esq., Secretary, 319 State Street, Albany,
N. Y.*

DEAR MR. HUYCK:

I am writing you as chairman of the committee which prepared and published the report of this base hospital unit to give you a brief summary of the work accomplished by the unit during its period of active service. I regret very much that I have been unable to write to you before this, but the pressure of work here since I returned to the unit on August 2, 1918, has been steadily increasing and the opportunity of formulating anything in the nature of a comprehensive survey of the situation has not presented until now. You are already fully acquainted with the history of the organization after it left Albany and up to and including the time when the first patients arrived in the institu-

tion, July 24, 1918. When I arrived here in August, convoys of patients were being received practically every day and from that time until the signing of the armistice and for some days thereafter the number of patients under treatment increased steadily and at times rapidly. Although there were actually six hundred beds ready for occupancy on the second of August, there yet remained much to be done and it was fully a month from that time before all departments of the hospital were completely equipped and in full running order. The essentials, however, had been attended to and we are able to say that from the date of the first admission no patient was sent here who did not find awaiting him everything that was necessary for his proper care. Up to the latter part of September the majority of admissions were surgical cases. These were received practically direct from the front, even reaching here within forty-eight hours of the time they had received their wounds and with the original dressings applied in the casualty clearing stations untouched. This, of course, provided a most active and interesting service for the surgeons. The eagerness and ability with which officers, nurses and men attended to every detail of the care of the patients reflected credit on them all. In the latter part of September the influenza epidemic brought about a sudden change in the situation and every hospital in England was filled to overflowing with cases of influenza, pneumonia and meningitis. This brought about a temporary stoppage of the flow of wounded from France, gave the surgeons a much needed rest and brought to the medical side of the house an opportunity for service which they met with equal enthusiasm and self-sacrifice. The situation was one which strained our capacity and ability to the utmost, but the personnel and equipment proved fully adequate to meet the emergency. During this period, however, the new construction had proceeded without interruption. Additional facilities for the care of new cases were being constantly provided and within a very short time wounded from the Western front were again being received in large numbers. On December 1st we received orders to start the evacuation of wounded and on December 31st the

hospital was empty. On January 10, 1919, the hospital was officially closed for the reception of patients and since then we have been engaged in disposing of property and preparing to comply with orders to return to the United States, which are now daily expected. This, in brief, is an outline of our work and when the details of what has been accomplished here become known, I am convinced that Albanians will be proud of the unit and will feel that the efforts and sacrifices they made to send out an organization worthy of the best traditions of Albany have been justified.

I doubt if anyone in Albany before we left realized fully how well selected, thoroughly trained and completely equipped this organization was. It required the test of actual service under war conditions to bring to maturity and make evident the really exceptionally fine quality of this unit. I can say without hesitation that Albany has good reason to be proud of the unit and of the work that Albanians did in organizing and equipping it and in stating this I am not giving my personal opinion alone, but am repeating what has been said many times by people not connected with Albany and who are in a far better position to judge of relative values than I am. When the test came the demands made on us were such that success or failure depended not on any individual or group of individuals, but on the coordinated efforts of all and I shall always be glad to have had a share in the activities of an organization which so continuously and with such conspicuous ability performed the work allotted to it.

I have made reference to the completeness of our equipment. It will be a satisfaction to all at home to learn that the equipment given to this unit, both in scope and quality, fully measured up to the highest standards and met every demand. I cannot even now command sufficient time to discuss this matter in as much detail as I should like to. There were some things which we did not need, owing to the fortunate local conditions under which we have lived and owing to our rapid growth some of our equipment was quantitatively inadequate, but it was obviously impossible to anticipate this. We found a kitchen, laundry, bake house and machine shop already equipped in this building. By

adding such equipment as we had brought over to what was already here we found ourselves adequately and even luxuriously provided for in these departments. Our X-ray and photographic apparatus, laboratory equipment and surgical instruments and appliances we installed intact. An emergency operating room was soon available and the generous supply of bandages, dressings and linen provided by the Red Cross chapters in Albany and neighboring towns enabled us to meet every need of the surgical service from the outset. Not once has our work in any department of the hospital been hampered or lowered in standard through lack of proper equipment. That is a record of which any hospital might be proud and when we consider that the equipment was assembled to meet uncertain and changing conditions, that it was packed, transported three thousand miles and installed throughout by our own enlisted men and successfully met a situation where more than three thousand five hundred patients passed through our hands in five months, the record is even more noteworthy. The wisdom and foresight displayed in foreseeing all needs and the sound judgment shown in the purchase of material of so excellent a quality is certainly a most legitimate cause for satisfaction.

It will interest you to learn of the ultimate disposition of this splendid equipment. We have moved it all from the hospital to a large collecting depot which has been established at Winchester, some thirty miles from here. It is the present intention of the army authorities, I believe, to make further use of this equipment in the hospitals of France and Belgium, particularly in Belgium, where the need is so acute. I am sure that those who so generously gave these things will be glad to know that their usefulness has not ceased with the closing of this hospital.

Permit me in closing to express to you and through you to the generous citizens of Albany, Schenectady and elsewhere, who donated it, the sincere thanks and appreciation of all connected with this unit. The greatest satisfaction that can come to a doctor is to feel that he is giving the best of everything to the patients entrusted to his care. That satisfaction has come to the

doctors who have served with this unit, largely because their fellow citizens made it possible through their gifts.

Very sincerely yours,

ERASTUS CORNING,
Lt. Col., M. C., U. S. A.

NATIONAL OFFICERS

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ROBERT W. DE FOREST, Vice-President
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Ex Officio
WILLIAM HOWARD TAFT
ELIOT WADSWORTH

THE AMERICAN RED CROSS NATIONAL HEADQUARTERS WASHINGTON, D. C.

FEBRUARY 28, 1919.

*President, Board of Trustees, Albany Hospital and Medical
College, Albany, New York.*

DEAR SIR:

Base Hospital No. 33 will soon return home. Will you please notify the American Red Cross immediately upon its arrival, as information from the demobilization camps is frequently delayed and the Red Cross is very anxious to know just when this hospital is finally released from military service and returned to civil life? The Red Cross has peace plans for the hospital, which we trust will meet with the approval of your institution, and which we will take up with you at that time.

Thanking you for your courtesy in giving us this information, I remain

Very truly yours,

C. H. CONNOR.
*Colonel Medical Corps, U. S. Army.
Ass't Director Gen., Military Relief.*

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THE AMERICAN RED CROSS

NATIONAL HEADQUARTERS

WASHINGTON, D. C.

MARCH 11, 1919.

*President, Board of Trustees, Albany Hospital and Medical
 College, Albany, New York.*

MY DEAR SIR:

The American Red Cross is pleased to forward you the enclosed letter from the Surgeon General, in which he commends the work of Base Hospital No. 33.

It is a great satisfaction to the American Red Cross to have been able, through the patriotic assistance of your institution, to render such service to our Government. The American Red Cross extends its thanks and congratulations to every member of Base Hospital No. 33 and to the Albany Hospital and Medical College, which was able to put such an excellent unit into the service of this country.

The American Red Cross earnestly seconds the wish of the Surgeon General that you will keep this organization intact for any further emergency that may arise and it is believed that the personnel of Base Hospital No. 33 will also wish to keep the unit together and to keep alive, for all time, the fine spirit of those, who, as the original members of this hospital, made this record of achievement possible.

Very truly yours,

C. H. CONNOR.

*Colonel Medical Corps, U. S. Army.
 Ass't Director Gen., Military Relief.*

WAR DEPARTMENT
OFFICE OF THE SURGEON GENERAL
WASHINGTON

MARCH 5, 1919.

*Board of Trustees, Albany Hospital and Medical College, Albany,
New York.*

(Through the American Red Cross, National Headquarters,
Washington, D. C.)

GENTLEMEN:

Red Cross Base Hospital No. 33, accredited to the Albany Hospital and Medical College, having been returned to this country for demobilization, I take this opportunity to express my appreciation of the invaluable services rendered the Nation by this splendid organization.

It will always be remembered that the first organizations of the American Army to be sent overseas were six Red Cross base hospitals, and at the time of the great Allied offensive, beginning July 18, 1918, thirty-nine of the forty-five base hospitals on duty in France and England were Red Cross hospitals.

Their readiness for service and the patriotic devotion to duty, as well as the professional excellence of the personnel of these organizations, have made them the chief reliance of the Medical Service of the forces in France, while those on duty with the British have rendered equally valuable and appreciated aid to the British Army.

It is earnestly recommended that effective measures be taken by you to keep the organization of your unit intact and that every effort be made to imbue its future personnel with the fine esprit to be expected in the possessors of the glorious heritage of splendid achievement handed down from the Great War by the original personnel of Base Hospital No. 33.

In this connection I desire to invite your attention to the excellent work done by Major A. W. Elting, M. C., as Director of Base Hospital No. 33, and to ask that you convey to him my sincere appreciation of the value of the service he gave to our country in its time of need.

Sincerely,
M. W. IRELAND,
Surgeon General, U. S. Army.

U. S. ARMY BASE HOSPITAL No. 33
CAMP UPTON, LONG ISLAND, N. Y.

MARCH 3, 1919.

*Mr. Edmund N. Huyck, Secretary, 319 State Street, Albany,
N. Y.*

DEAR MR. HUYCK:

On February 5, 1919, Colonel Erastus Corning left Base Hospital No. 33 for duty with the North Russian American Expeditionary Forces at Archangel and I was placed in command of this organization. My duties in this capacity have been especially pleasant inasmuch as orders for our return to the United States came through February 11th and we left Portsmouth at 6:30 A. M. on the following day. After an uneventful trip on the S. S. Olympic, starting from Liverpool, and two days' stay at Camp Merritt, N. J., we arrived in Camp Upton February 28th and Base Hospital No. 33 is now in process of demobilization.

In order that you may be informed of changes in personnel occurring since January 1, 1919, I am inclosing an appendix to the "Chronological List of Changes in Personnel," a copy of which, with the history of this organization, I believe, was furnished you by Colonel Corning. This will finish the record of Base Hospital No. 33, as it is expected that demobilization will be completed by March 5th.

I believe that the record made by this organization has justified the interest and generosity which the people of Albany and vicinity showed in equipping and organizing it and am sure that every member of its personnel feels deeply grateful for the opportunity for service thus afforded.

Very truly yours,

CLINTON B. HAWN.

APPENDIX

Chronological List of Changes in Personnel.

January 10, 1919—Capt. JOHN F. SOUTHWELL, M. C., U. S. A., relieved from duty this command and returned to the United States.

January 13, 1919—Lt. HARVEY M. WATKINS, M. C., U. S. A., relieved from duty this station.

- January 13, 1919—Lt. CARLTON J. WELLBORN, M. C., relieved from duty this station.
- January 14, 1919—Capt. LEMUEL W. GORHAM, M. C., U. S. A., relieved from duty this command and returned to the United States.
- January 14, 1919—Capt. FREDERICK W. MCSORLEY, M. C., U. S. A., relieved from duty this station.
- January 14, 1919—Capt. HENRY R. VIETS, M. C., U. S. A., relieved from duty this station.
- January 14, 1919—Lt. ROBERT A. MACTAGGART, M. C., U. S. A., relieved from duty this station.
- January 16, 1919—Capt. ROBERT J. CHILDERS, M. C., U. S. A., relieved from duty this station.
- January 16, 1919—Capt. ROBERT M. COLEMAN, M. C., U. S. A., relieved from duty this station.
- January 16, 1919—Capt. CLARENCE F. GRAHAM, M. C., U. S. A., relieved from duty this station.
- January 16, 1919—Capt. DANIEL G. SMITH, M. C., U. S. A., relieved from duty this station.
- January 18, 1919—Capt. JOHN L. EDWARDS, M. C., U. S. A., relieved from duty this station.
- January 18, 1919—Capt. EDWIN L. DRAPER, M. C., U. S. A., relieved from duty this station.
- January 29, 1919—Lt. CHARLES H. DOE, M. C., U. S. A., relieved from duty this station.
- February 4, 1919—Capt. FRANCIS H. WISEWELL, Eng., relieved from duty this station.
- February 4, 1919—Lt. Col. ERASTUS CORNING, M. C., U. S. A., relieved from duty this station.
- February 6, 1919—Capt. MALCOLM DOUGLAS, M. C., U. S. A., relieved from duty this station.
- February 11, 1919—Lt. FRED K. KRENZ, Eng., relieved from duty this station.
- February 12, 1919—Lt. FLORENCE A. DONOHUE, Q. M. C., left at Portsmouth, Eng.

Nurses.

February 7, 1919—The following Nurses left this station, reporting to Commanding Officer, Savenay, France, for further duty:

Nurses, A. N. C.

VAN AMBURG. HOLDRED.

Reserve Nurses, A. R. N. C.

BUTLER, KATHRYN	KELLY, ELEANOR M.
CHAPMAN, EDITH L.	LANE, SARA
DUBOIS, GRACE M.	LEE, MABEL L.
FALMAN, MINNIE L.	MACLEAN, HAZEL A.
HOFFMAN, WILHELMINA T.	MOFFETT, D. AMELDA
HUGHES, STELLA M.	OLDFORD, VIOLA
KEARNEY, CATHERINE A.	TIFFANY, FLORENCE C.
YARD, LILLIAN L.	

February 7, 1919—Civilian, MARSHALL, MAUD J., left this station, reporting to Commanding Officer, Savenay, France, for further duty.

Enlisted Men.

January 9, 1919—Pvt. REARDON, PAUL J., M. D., returned to duty this command from Base Hospital No. 40, Sarisbury Court.

January 18, 1919—Pvt. 1/c. BOMBARD, JOSEPH A., M. D., and Pvt. 1/c. DEGNAN, THOMAS C., M. D., relieved from duty this command. Transferred to Elysee Palace Hotel, Paris, France.

January 26, 1919—Pvt. 1/c. YOUNG, ARCHIE S., M. D., relieved from duty this command. Transferred to Embarkation Officer, Liverpool, England, for transfer to the United States.

February 4, 1919—Hosp. Sgt. DINES, FRED C., M. D., relieved from duty this command. Transferred to H. Q., Base Section No. 3, S. O. S., American E. F., London, England.

February 10, 1919—Pvt. 1/c. CROES, PETER G., M. D., and Pvt. 1/c. VENEAR, 644051, STEPHEN A., M. D., relieved from duty this command. Transferred to N. R. E. F. (Russia).

February 12, 1919—Sgt. 1/c. MEATON, ERNEST J., M. D., Sgt. BRIGGS, WILLIAM H., M. D., Sgt. WAIT, LORENZO C., M. D., Sgt. BRONK, HAROLD R., M. D., Pvt. k/c. COOK, HAROLD R., M. D., Pvt. 1/c. SACKETT, STANLEY, M. D., left at Portsmouth, England.

February 12, 1919—Pvt. 1/c. ALBERT, JOSEPH H., M. D., and Pvt. 1/c. HOLCOMB, JOHN H., M. D., transferred to Ship's Hospital aboard "S. S. Olympic."

February 23, 1919—Pvt. 1/c. FALCONER, HAROLD A., M. D., and Pvt. 1/c. NEUBAUER, MILTON, J., M. D., transferred to Ship's Hospital aboard "S. S. Olympic."

Public Health

Edited by Arthur Sautter, M.D.

DEPARTMENT OF PUBLIC SAFETY, BUREAU OF HEALTH, ALBANY, N. Y.

COMPILED BY WILLIAM F. FULLGRAFF, REGISTRAR.

BUREAU OF VITAL STATISTICS.

DEATHS FOR THE MONTH OF FEBRUARY, 1919.

Consumption	16	Bright's Disease	8
Typhoid Fever	1	Apoplexy	13
Scarlet Fever	0	Cancer	13
Measles	0	Accidents and Violence	10
Whooping Cough	0	Deaths under 1 year.....	11
Grippe	31	Deaths over 70 years.....	32
Diarrheal Diseases	0	Death rate	20.42
Pneumonia	9	Death rate less non-residents	18.44
Broncho Pneumonia	11		

Deaths in Institutions.

	Non-res. Res.			Non-res. Res.	
Albany Hospital	6	12	Maternity Hospital	0	2
Albany Hospital Camp .	0	4	St. Margaret's House ...	1	1
Albany County Hospital	2	0	St. Peter's Hospital ...	4	9
Albany Co. Penitentiary	1	0			
Child's Hospital	2	0		20	42
Homeopathic Hospital ..	1	8			
Home for Aged	1	6	Births		163
Public Places	2	0	Still Births		4

DIVISION OF COMMUNICABLE DISEASES.

Typhoid Fever	3	Mumps	27
Scarlet Fever	4	Pneumonia	64
Diphtheria and Croup	20	Influenza	569
Chickenpox	33	Puerperal Septicaemia	1
Smallpox	2	Epidemic Cerebro-spinal	
Measles	28	Meningitis	1
German Measles	0		
Whooping Cough	8		779
Tuberculosis	19		

Number of days quarantine for scarlet fever:

. Longest..... 35 Shortest..... 30 Average..... 31 3/5

Number of days quarantine for diphtheria:

Longest..... 18 Shortest..... 10 Average..... 12 2/5

Fumigations: Rooms..... 239 Buildings..... 40

Milk bottles disinfected 474 |

Communicable Diseases in Relation to Schools.

	Reported D. S.F. M	
Public School No. 1.....	I	
Public School No. 2.....		5
Public School No. 7.....		6
Public School No. 14.....	I	
Public School No. 15.....		I
Public School No. 16.....	I	15
Christian Bros. Academy	I	

Miscellaneous.

Cards posted for communi- cable disease	45	Postal card returns received from doctors	12
Cards removed	12	Inspections and reinspections	48
Notices served on schools...	99	Vaccinations	40
Notices served on stores and factories	11	Vaccination dressings	62
Postal card returns sent to doctors	45	Children examined for em- ployment certificates	14
		Number of employment cer- tificates issued	13

Tuberculosis.

Living cases on record February 1, 1919.....		887
Cases reported:		
By card	17	
Dead cases by certificate	3	20
		907
Dead cases previously reported	14	
Dead cases not previously reported.....	3	
Removed	4	
Unaccounted for	10	31
Living cases on record March 1, 1919.....		876
Total tuberculosis death certificate.....		17
Non-resident deaths		2
Resident deaths		15
Visits to cases of tuberculosis		64
Miscellaneous visits		2

LABORATORY REPORT.

Diphtheria.

Initial Positive	37	Unsatisfactory	15
Initial Negative	227		
Release Positive	22	Total	406
Release Negative	105		

Sputum for Tuberculosis.

Positive	38	Negative	85
		Total	123

Widals.

Positive	2	Negative	9
		Total	11

Meningococcus.

Positive	3	Negative	1
		Total	4

Wassermann tests	191	Miscellaneous examinations.	14
Milk analyses	68		
Water analyses	4	Total examinations	821

DIVISION OF SANITATION.

Complaints	40	Resinspections	50
Inspections	38	Plumbing	18
Plumbing	15	Sanitary	32
Sanitary	23		

DIVISION OF PLUMBING, DRAINAGE AND VENTILATION.

Inspections	56	Houses tested	4
Old houses	53	Houses examined	31
New houses	3	Re-examined	71
Permits issued	32	Valid	23
Plumbing	29	Without cause	8
Building	3	Violations	0
Plans submitted	0		
Old buildings	0		
New buildings	0		

REPORT OF REMOVAL OF DEAD ANIMALS.

Horses removed	10	Cats removed	47
Dogs removed	31		
		Total	88

DIVISION OF MARKETS AND MILK.

Public market inspections...	19	Dairies inspected	0
Market inspections	99	Milk cans inspected	225
Fish market inspections....	9	Milk cans inspected	225
Fish peddler inspections ...	0	Lactometer readings	152
Slaughter house inspections.	2	Temperature readings	152
Rendering establishment in-		Fat tests	64
spection	1	Sediment tests	36
Pork packing house inspec-		Chemical tests	14
tions	1	Cows examined	0
Hide house inspections	0	Cows quarantined	0
Milk depots inspected	19	Cows removed	0
Stores inspected	142	Complaints investigated	3

Medical News

BEQUEST TO THE ALBANY MEDICAL COLLEGE.—The Albany Medical College is a beneficiary to the extent of \$500 under the will of Dr. Herman V. Mynderse, who died at his home in Scotia, March 5, 1919. The bequest is made in memory of his father, the late Dr. Barent Mynderse, who was curator of the college several years.

THE ALBANY GUILD FOR PUBLIC HEALTH NURSING.—REPORT OF MONTH OF MARCH, 1919.—Number of new cases this month, 325; classified as follows: Charity cases, 75; cases, moderate income, 60; metropolitan, 82; prenatal (no charge for calls), 22; dispensary social service, 49; tuberculosis, 37; cases carried from last month, 123. Total number of cases under care during month, 448. New cases classified according to disease: Medical, 131; surgical, 5; obstetrical, (a) prenatal, 22; (b), confinement, 31; (c), maternity, 4; no diagnosis, 5. Disposition: Removed to hospitals, 7; died, 3; discharged cured, 94; discharged improved, 72; discharged unimproved, 1; discharged, other care, 41; to dispensary, 10; number of patients still under care, 122. Cases reported by physicians, 40; metropolitan agents, 60; patients' families or friends, 65; nurses, 18; other sources, 15.

Special Obstetrical Department. (Department being reorganized. No students or doctors on call).—Number obstetricians in charge of cases, 0; number of students in attendance, 0; number of new cases this month, 4; number nursing visits, 0.

Visits for Nurses (all departments).—Number of visits with nursing treatment, 1,259; social service visits, 159; prenatals, 65; tuberculosis visits, 126; other visits, 189; total number of visits, 1,798.

Metropolitan Report.—Number metropolitan calls, 0; checks received for last month's calls.

Dispensary Report.—Number of clinics held, 76; new patients, 125; old

patients, 571; total number of patients treated during month, 696. Classification of clinics held: Prenatal, 3; surgical, 6; nose and throat, 8; eye and ear, 17; skin and genito-urinary, 9; medical, 8; venereal (included in skin), 0; lung, 8; dental, 0; neurology, 4; stomach, 0; paediatrics, 0; gynecological, 7; children, 6; number of ear irrigations, 0; dressings, 0; prescriptions, 260. Operations: Myringotomy, 7; cholezeon, 1; mercurial treatment, 1; salvasan treatment, 2; circumcision, 1.

S. R. FREEMAN, *Superintendent.*

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for medical assistants, for men only. A vacancy in the Bureau of Chemistry, Department of Agriculture, Washington, D. C., at \$2,000 a year, and future vacancies requiring similar qualifications at this or higher or lower salaries, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

The duties of this position will be to review the statements of therapeutic and curative effects of proprietary medicine; to familiarize oneself with the current therapeutic literature of the various schools of medicine; to assist in the preparation and trial of cases under the Food and Drug Act, etc. Ability to translate foreign medical literature is desirable.

Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which will have the relative weights indicated:

<i>Subjects.</i>	<i>Weights.</i>
1. General education and medical training.....	35
2. Practical or professional experience and fitness.....	45
3. Publication or thesis (to be filed with the application)....	20
Total.....	100

Under the first two subjects competitors will be rated upon the sworn statements in their applications and upon corroborative evidence adduced by the Commission.

Applicants must show that they have at least an academic degree, that they are graduates from a medical school of recognized standing, and that they have had at least six years' subsequent experience in the practice of medicine or two years' subsequent experience in pharmacological investigations.

If a thesis is submitted under the third subject, it must be of at least 500 words and must present the results of original investigational work on the part of the applicant in some phase of medicine or pharmacology, or be a discussion of any one of the following subjects:

1. What evidence is necessary to establish the therapeutic value of a drug preparation?
2. What is the value of the "patent" medicine?

3. What are the principles of the treatment of disease?

Applicants will be admitted to this examination regardless of their age, but at the request of a department making appointments certification will be made of eligibles who are within reasonable age limits.

Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted.

Applicants will be admitted to this examination regardless of their residence and domicile; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the examination, and who have the county officer's certificate in the application form executed, may become eligible for permanent appointment to the apportioned service in Washington, D. C.

This examination is open to all male citizens of the United States who meet the requirements.

Applicants should at once apply for Form 2118, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, Boston, Mass., New York, N. Y., New Orleans, La., Honolulu, Hawaii; Post Office, Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Cal.; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R.

Applications should be properly executed, excluding the medical certificate, and must be filed with the Civil Service Commission, Washington, D. C., with the material required, prior to the hour of closing business on May 13, 1919.

TERMINATION OF WAR ACTIVITIES OF GENERAL MEDICAL BOARD.—In view of the termination of the war activities of the General Medical Board and Medical Section of the Council of National Defense, Secretary of War Newton D. Baker, who, as Chairman of the Council, appointed the members of the General Medical Board, has written a personal letter to each of the seventy-five prominent physicians and surgeons comprising the Board, expressing appreciation for their services and thanking them on behalf of the government. Dr. Franklin Martin, Chairman of the General Medical Board, has also written thanking the members of the State and County Committees which for two years have worked under the direction of the Board.

"In terminating the relations between these organizations and the officials with whom they co-operated and worked so effectively," said Dr. Martin, "while one cannot complain that the war is over, yet a feeling of regret must inevitably arise at the severing of such close connections en-

gendered by the friendship and comradeship that are the natural outgrowths of such important associations."

Secretary Baker's letter:

WAR DEPARTMENT.

WASHINGTON.

My Dear Doctor:

Dr. Franklin Martin advises me that the work of the General Medical Board of the Advisory Commission of the Council of National Defense is now nearing completion and that the board will be dissolved on April 1st.

I cannot permit the occasion to pass without expressing my grateful appreciation of the work which you have done and the singleness of spirit with which your associates and yourself have devoted themselves to the great work which was placed in the hands of the General Medical Board of the Council of National Defense. While it would be invidious to make any appraisal of the work of your board in comparison with that of any other agency organized in the emergency, I need not, I know, assure you that the government appreciates deeply and genuinely the great and essential contribution which has been made by the Medical Board in the mobilization of the civilian profession, its classification as to specialties and fitness, and in the preparation and organization of information which would enable the Department to secure from the manufacturers of the country the vitally necessary instruments and supplies for the medical care and attention of our men in the field.

Since the cessation of hostilities the work of the Board has been rounded out to completion. I beg you to accept for yourself and your associates this expression of my deep appreciation of the service which you have rendered to the country.

Cordially yours,

NEWTON D. BAKER.
Secretary of War.

Dr. Martin's letter to the members of the State and County Committees:

COUNCIL OF NATIONAL DEFENSE.

WASHINGTON

MARCH 25, 1919.

From: Chairman, General Medical Board, Council of National Defense.

Subject: Termination of War Activities.

Upon the signing of the armistice on November 11, 1918, the strenuous war time activities of the committees of the Medical Section of the Council of National Defense automatically ceased. As the unfinished business in the hands of the committees at that time is now approaching completion, you are hereby notified of the termination of your war duties as a State Committeeman on April 1, 1919.

Not until the history of our part in the great war is written will the people realize the important role the medical profession of the United States played in making our country a deciding factor in winning the war. Do you realize that in the year before our entry into the conflict the commissioned officers in the Medical Departments of the Army and the Navy numbered less than five hundred in each service and that practically 40,000 civilian doctors had been added to these two Corps by the time hostilities had ceased? When the story is told of the enrollment of these thousands of doctors, it must give the largest credit to our many state and county committees who labored so patriotically and continuously to carry out the recommendations of the organization under which they worked, the Council of National Defense, and thus aided the administrative departments of the Surgeons General of the Army, the Navy, the Public Health Service and the Provost Marshal General.

The work of these committees under the direction of the General Medical Board had to do with activities of which the following is a brief summary: Recruiting medical officers; standardization of medical and surgical supplies; cooperation in controlling venereal diseases; mobilizing five thousand dental surgeons; establishing committees on hygiene, sanitation, general surgery, orthopedic surgery, ophthalmology, otology, rhinology, and laryngology, general medicine, nursing, women physicians and medical schools; organizing medical advisory boards; the study of industrial medicine; securing through legislation increased rank for reserve medical officers; and finally, individual classification of the members of the profession through the medium of the Volunteer Medical Service Corps.

I want you to know that those of us who have had the responsibility of organizing and enrolling the medical profession and resources appreciate the value of your work and thank you for it from the bottom of our hearts. This includes the Secretary of War, who presides over the Council of National Defense, the Secretary of the Navy, who is one of its members, and the President of the United States, who appointed the Council, and on two occasions has said, in speaking of our state and county committees: "Will you not be kind enough to convey to them a message of sincere appreciation from me of their services as authorized governmental agencies? . . . The health of the Army and the Navy and the health of the country at large is due to the cooperation which the public authorities have had from the medical profession."

Finally, in sending this communication to you after our two years of stressing work together, I want to thank you personally for your ever prompt response to my calls for help and for the evidence you have always shown me of your loyalty, fidelity and friendship.

Yours very truly,

FRANKLIN MARTIN.

Chairman, General Medical Board, Council of National Defense.

THE COUNCIL OF NATIONAL DEFENSE authorizes the following:

Characterizing the work of the Volunteer Medical Service Corps and the Medical Section of the Council of National Defense as "a very striking demonstration of the American spirit," Dr. Edward P. Davis, president of the Corps, paid tribute to the patriotism of American civilian doctors at the final meeting of the Central Governing Board of the Corps held in Washington March 14th, prior to the termination of its war time activities April 1.

A report submitted at the meeting showed that nearly 70,000 applications have been received from physicians for membership in the Corps, of which 56,540 had been received and coded prior to the signing of the armistice, November 11, 1918. Qualifications of these civilian doctors, classified and coded on cards, will be placed in the Library of the Surgeon General of the Army, where they will be accessible to all governmental departments for all time to come. With the approximately 40,000 medical officers additional, who are in the Army, Navy and Public Health Service, practically all the able-bodied, eligible doctors of the country will be listed, available for the nation's needs. Usually there are said to be about 150,000 physicians in the United States, but this total includes a large proportion of superannuated, disabled or ineligible.

Dr. Franklin Martin, Chairman of the General Medical Board of the Council of National Defense, expressed his warm appreciation of the co-operation he has received from the medical profession of the country and his firm belief in the value of the records of the Volunteer Medical Service Corps.

Dr. Davis said, in part: "This Volunteer Medical Service Corps and the work of the Medical Section of the Council of National Defense has been a very striking demonstration of the American spirit in more ways than we have imagined. I have always thought of a remark made by the President when the whole thing was in full swing, just about the time the nation had gotten its stride. He said that the men who were staying in this country were having the hardest time. That was true. You take the medical men who actually went into service. Of course, some of them did office work in Washington, but the men whom I know who have been in the camps here—whether they got to Europe or not—say they have had the time of their lives.

"One man, my assistant, said: 'I am just coming back from a year's freedom from responsibility, except for the immediate performance of my duties.' Another man, who is probably the best X-Ray man in the Army, said his career in the Army has been the happiest time he has ever known, because he has worked scientifically without interruption. They had the privilege of being free to concentrate their minds on duty, and I think the remark made by Dr. Studdiford in New York the other night is to the point—that there has not been in the past year in the prac-

tice of medicine in the United States one single easy, pleasant, satisfactory thing. He said he hoped he would never have to live to go through another such year.

"When you consider the burden thrown upon the profession of this country by the shortage of resident membership, taking away assistants, nurses, laboratory men; the influenza epidemic, with the consequent increase in morbidity and mortality, and the strain upon the population which is now showing itself—it has been a most hectic war season. I don't think any profession has met a similar crisis in civilization as nobly as did the American profession, and no small part of the moral value and success of the profession was due to this Corps. The fact that we had a Corps where the men could record themselves who did not go to the front had an enormous moral value.

"I personally desire to testify to the pleasure it has been for me to do what I have done. And I have sincerely appreciated the honor which has been given to me."

To about 13,000 doctors whose applications for membership in the Volunteer Medical Service Corps had been received before the armistice was signed but which had not been acted upon by their state committees, now dissolved, Dr. Davis is sending the following letter:

From: Volunteer Medical Service Corps, Council of National Defense.

To: Applicants for membership.

1. With the cessation of hostilities subsequent to the signing of the armistice, the Council of National Defense, under which the Volunteer Medical Service Corps was organized, asked that the activities of that Corps be terminated, and Surgeon General Ireland of the Army requested that the valuable records of the Corps be given place in the Library of the Surgeon General where they will be maintained permanently for reference by the various Government bureaus.

2. Your application for membership in this Corps, we regret to say, was not acted upon by your State and County Committees before those Committees were automatically released and, therefore, we are unable to complete your membership by furnishing you with the visible evidences of your tender of service, viz., the insignia and certificate of the Corps. We wish you to know, however, that your patriotic offer of service to your Government has been received and your qualifications as outlined on the Volunteer Medical Service Corps application blank have been transferred to permanent code cards which are to be preserved as an important record of the war.

3. We also wish you to know that those of us who have had the responsibility of organizing and enrolling the medical profession of the country appreciate the value of your offer of service and thank you for it from the bottom of our hearts. This includes the Secretary of War, who presides over the Council of National Defense which authorized the Volunteer Medical Service Corps; the Secretaries of the Navy, the In-

terior, Agriculture, Commerce and Labor; the members of the Council, and the President of the United States, who appointed the Council of National Defense and who definitely approved the Volunteer Medical Service Corps in the following words: "I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the Nation with great enthusiasm from the beginning of the present emergency."

4. Finally, may I express to you on behalf of the Central Governing Board of the Volunteer Medical Service Corps its personal thanks for your generous response to its request for an offer of your services at a time when it appeared they would be so urgently needed by the nation.

EDWARD P. DAVIS, M. D.

President, Volunteer Medical Service Corps.

PERSONAL.—PROMOTION OF MAJOR L. H. GAUS.—Major Louis Herbert Gaus (A. M. C., '07), commanding the 106th Field Artillery, formerly the Second Field Hospital of Albany, has been promoted by General Pershing on February 19, 1919, to lieutenant colonel. The 106th Field Hospital is part of the Twenty-seventh Division and is expected to arrive in the United States soon.

Lieutenant Colonel Gaus was made lieutenant of the first ambulance company in Albany, of which Dr. Joseph Cox was captain, in November, 1911. Captain Cox became ill and was forced to give up the command and Lieutenant Gaus was promoted to captain in his place. He was named major March 27, 1917, and Lieutenants Philip Hacker and George Papen were appointed on his staff.

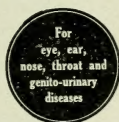
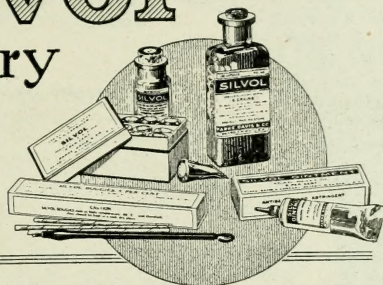
The unit was mobilized in June, 1916, and sent to Fort McAllen, Texas. Returning in December, the unit remained in the armory for two days and was mustered out.

When the United States entered the world war the unit was ordered to Newport News, when it sailed for France.

—Dr. FREDERICK W. MCSORLEY (A. M. C., '09) has been promoted from the rank of captain to that of major, M. R. C. Dr. McSorley gave up his practice in Salem, N. Y., in June, 1917, and entered action as a first lieutenant, M. C., at Fort Niagara, N. Y. In December, 1917, he was transferred to Base Hospital 33 when mobilized in Albany, N. Y. In May, 1918, he sailed with this organization, and served with it in Portsmouth, England, until January, 1919, when he was sent to the U. S. Army of Occupation, where he is now serving as assistant chief of medical service in the largest base hospital in the Army of Occupation, located at Treves, Germany.

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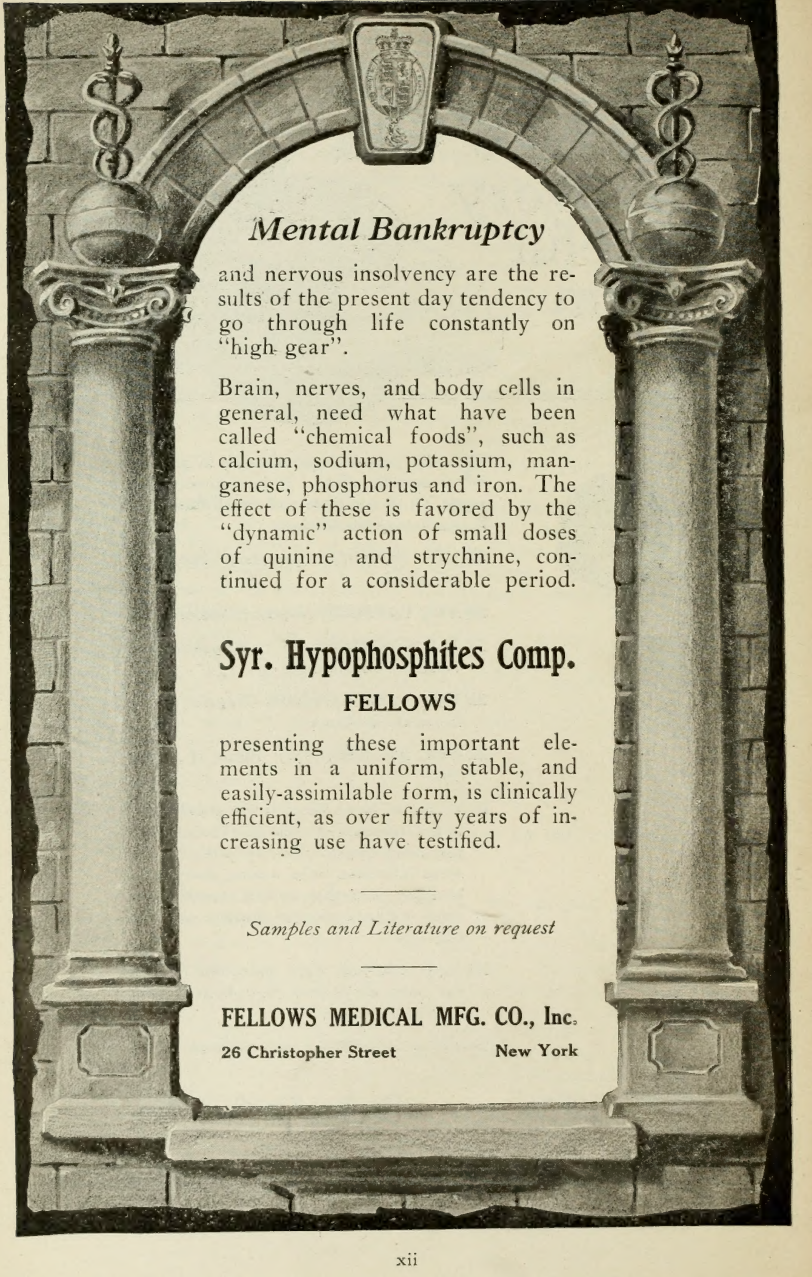
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FOUNDED 1838

UNION UNIVERSITY

MEDICAL DEPARTMENT

Albany Medical College

Clinical Facilities: The hospital services are directly under control of the Medical College. There are teaching services both in Medicine and Surgery, and the students have immediate responsibility under supervision.

Laboratories: The laboratories, in charge of full-time teachers, provide ample facilities for undergraduate teaching, for graduate instruction, and for research.

Admission Requirements: Each candidate must furnish evidence of the satisfactory completion of at least two years' study, in a recognized college or scientific school, of physics, chemistry, biology, English and French or German.

Women are admitted. Classes are restricted in number.

Tuition: The charge for tuition is \$160.00 a year and \$5.00 for matriculation. There are no extra fees except for rental of microscopes, laboratory breakage, and certain expensive supplies.

The academic year begins Sept. 22, 1919. All inquiries and other communications should be addressed to Thomas Ordway, M.D., Dean, Albany Medical College, Albany, N. Y.